

2017 for the President to provide the Government of Ukraine with defense articles, defense services, and military training for the purpose of countering offensive weapons and reestablishing the sovereignty and territorial integrity of Ukraine, including anti-tank and anti-armor weapons; crew weapons and ammunition; counter-artillery radars; fire control and guidance equipment; surveillance drones; and secure command and communications equipment. Now, therefore, be it

*Resolved,*

#### SECTION 1. SENSE OF THE SENATE.

The Senate—

(1) condemns the attack on Mariupol by Russian-backed rebels;

(2) urges the President to provide lethal and non-lethal military assistance to Ukraine as unanimously supported by Congress in the Ukraine Freedom Support Act of 2014 (Public Law 113-272);

(3) calls on the United States, its European allies, and the international community to continue to apply economic and other forms of pressure on the Russian Federation, especially in the form of sanctions, if the Government of the Russian Federation continues to refuse to cease its aggression in Ukraine;

(4) calls on the Government of the Russian Federation to immediately end its support for the rebels in eastern Ukraine, allow Ukraine to regain control of its internationally-recognized borders, and withdraw its military presence in eastern Ukraine; and

(5) expresses solidarity with the people of Ukraine regarding the humanitarian crisis in their country and the destruction caused by the military, financial, and ideological support of the Government of the Russian Federation for the rebels in eastern Ukraine.

#### SEC. 2. RULE OF CONSTRUCTION.

Nothing in this resolution shall be construed as an authorization for the use of force or a declaration of war.

#### AUTHORITY FOR COMMITTEES TO MEET

##### COMMITTEE ON ARMED SERVICES

Mr. CORNYN. Mr. President, I ask unanimous consent that the Committee on Armed Services be authorized to meet during the session of the Senate on February 10, 2015, at 9:30 a.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

##### COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS

Mr. CORNYN. Mr. President, I ask unanimous consent that the Committee on Banking, Housing, and Urban Affairs be authorized to meet during the session of the Senate on February 10, 2015, at 10 a.m., to conduct a hearing entitled “Regulatory Relief for Community Banks and Credit Unions.”

The PRESIDING OFFICER. Without objection, it is so ordered.

##### COMMITTEE ON COMMERCE, SCIENCE, AND TRANSPORTATION

Mr. CORNYN. Mr. President, I ask unanimous consent that the Committee on Commerce, Science, and Transportation be authorized to meet during the session of the Senate on February 10, at 10 a.m., in room SR-253 of the Russell Senate Office Building to conduct a subcommittee hearing entitled “Keeping Goods Moving.”

The PRESIDING OFFICER. Without objection, it is so ordered.

##### COMMITTEE ON FINANCE

Mr. CORNYN. Mr. President, I ask unanimous consent that the Committee on Finance be authorized to meet during the session of the Senate on February 10, 2015, at 10:10 a.m., in room SD-215 of the Dirksen Senate Office Building, to conduct a hearing entitled “Getting to Yes on Tax Reform: What Lessons Can Congress Learn from the Tax Reform Act of 1986?”

The PRESIDING OFFICER. Without objection, it is so ordered.

##### COMMITTEE ON FOREIGN RELATIONS

Mr. CORNYN. Mr. President, I ask unanimous consent that the Committee on Foreign Relations be authorized to meet during the session of the Senate on February 10, 2015 at 9:30 a.m., to conduct a hearing entitled “Update on Iran Nuclear Negotiations.”

The PRESIDING OFFICER. Without objection, it is so ordered.

##### COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

Mr. CORNYN. Mr. President, I ask unanimous consent that the Committee on Health, Education, Labor, and Pensions be authorized to meet during the session of the Senate on February 10, 2015, at 10 a.m., in room SD-106 of the Dirksen Senate Office Building to conduct a hearing entitled “The Reemergence of Vaccine-Preventable Diseases: Exploring the Public Health Successes and Challenges.”

The PRESIDING OFFICER. Without objection, it is so ordered.

##### SELECT COMMITTEE ON INTELLIGENCE

Mr. CORNYN. Mr. President, I ask unanimous consent that the Select Committee on Intelligence be authorized to meet during the session of the Senate on February 10, 2015, at 2:30 p.m.

The PRESIDING OFFICER. Without objection, it is so ordered.

The PRESIDING OFFICER (Mr. GARDNER). The majority leader.

#### ORDERS FOR WEDNESDAY, FEBRUARY 11, 2015

Mr. McCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 9:30 a.m., Wednesday, February 11; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; that following leader remarks, the Senate will be in a period of morning business for up to 1 hour, with Senators permitted to speak therein for up to 10 minutes each, with the majority controlling the first half and the Democrats controlling the final half.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### ORDER FOR ADJOURNMENT

Mr. McCONNELL. So, Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks from Senators MORAN, CARDIN, and STABENOW.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Kansas.

#### ISIL ATTACKS AND THE AUMF

Mr. MORAN. Mr. President, I want to comment on an interview that was published yesterday, quoting the President. In an interview published yesterday, the President spoke about a number of issues facing the United States. During that interview he had commentary on terrorism and he referenced the January attacks in Paris, France, in what I would describe as a very concerning way. The President addressed the attacks in Paris as “randomly shooting a bunch of folks in a deli.”

The President’s stated perception of the hostage taking and murder of four Jews in a kosher supermarket in that way—we ought to all be concerned. When asked to clarify the President’s comments today, the White House stated that the Jewish victims of this attack were “killed not because of who they were, but because of where they randomly happened to be.”

The White House today suggested that because there were non-Jews in the kosher supermarket named Super Kosher, the attack did not specifically target Jews.

The State Department restated this explanation today, refusing to say that an attack on a kosher supermarket that killed four Jews could be Jewish. The absurdity of this logic is apparent. Let me give you a hypothetical. If an attack occurs in a synagogue or in a church or in the American Embassy, are we really to accept the idea that on the chance that there were diverse people there, that that somehow disqualifies the possibility that members of the group who would predominantly frequent that place might be targeted? In other words, if somebody who happened to work in an American embassy but is not an American is killed in an attack, would we reach the conclusion that the attack on the embassy is not an attack on America?

The Obama administration’s logic doesn’t make sense and it is difficult to understand what they are trying to convey. It is also contrary to the open source media reports about the attack. Reuters reported that the perpetrator of the attack called a French television station to declare his allegiance to the Islamic State and stated his intentions to target Jews. Given this information, the Obama administration’s now repeated comments that chalked this up to randomness—that is just amazing to me, that it is just random, this attack

in Paris. The fact that four Jews were killed at a kosher supermarket, it is just random.

It is dangerous for our government leaders to reach such a conclusion and for us to be operating as we make a determination of how to proceed next in the war on terror to reach the kind of conclusions the President, his spokespersons, and the State Department are reaching.

The Islamic State, the organization the perpetrators of the Paris attack claim allegiance to, has made a point to persecute various ethnic and religious minorities. The denial of anti-minority or anti-Semitic motivations in this case gives me hesitation about whether the President understands the true nature of the threat we now face. This comes in the context of a report that the administration is soon to present to Congress for approval an authorization for the use of military force against Islamic State fighters.

Authorizing a war is a decision that should be made with the fullest of information and the most complete understanding possible. The Obama administration should be doing everything it can to clearly describe the threat our country faces—in fact, that people around the globe face—and a strategy that will be employed under this potential authorization to use force. If we don't know who we are fighting, how can we have a strategy to prevent the death and destruction those enemies will cause? The stakes are way too high to operate under anything but a clear understanding of the significant challenges our country faces. It makes no sense to describe something different than reality.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

#### NATIONAL CHILDREN'S DENTAL HEALTH MONTH

Mr. CARDIN. Mr. President, I rise today to recognize February as National Children's Dental Health Month. Every year since 1981 we have acknowledged the importance of children's dental health and worked to ensure that all children have access to proper oral health. As former U.S. Surgeon General C. Everett Koop reminded us, "There is no health without oral health."

Today tooth decay is the single most common chronic childhood disease—5 times more common than asthma, 4 times more common than early childhood obesity, and 20 times more common than diabetes. Despite the fact that tooth decay can be prevented, nearly half of all 5-year-olds have experienced tooth decay.

Left untreated, tooth decay can not only destroy a child's teeth and health but also have a severe negative impact on a child's quality of life. Because children with severe tooth decay are frequently in constant pain, they are often unable to learn, play, or interact

with others. Recent studies have shown that children with poor oral health are nearly three times more likely to miss school due to dental pain, and children reporting recent toothaches are four times more likely to have lower grade point averages than peers without dental pain.

Good oral health is essential for our children to thrive. It is simply unacceptable that 16.5 million children are denied basic dental care each year. The health and well-being of every child depends on access to affordable care for all of his or her health needs, including dental services.

Tooth decay and oral health problems also disproportionately affect children from low-income families and minorities. According to the National Institutes of Health, about 80 percent of dental disease in children is concentrated in 25 percent of the population, and children from poor families face an inordinately high barrier in receiving dental care. To these children, the consequences of poor health care can be devastating.

Many have heard me speak before, including on the floor of the Senate, about the tragic loss of Deamonte Driver, a 12-year-old Prince George's County resident who died in February of 2007. Deamonte's death was particularly traumatic because it was entirely preventable. It is outrageous that only a few years ago a young boy died in our country because his family was unable to find a dentist to remove an infected tooth. By the time he was evaluated at the Children's Hospital emergency room, the infection had spread to Deamonte's brain. After multiple surgeries and a lengthy hospital stay, he passed away.

This was a tragic loss of life that was completely preventable, and a waste of terrible resources. A person's life, hundreds of thousands of dollars, and all it took was \$80 in dental care to save his life.

I recently heard another story that gives me both hope in the future and strength and resolve to guarantee that all Americans have access to proper dental care. Ronald shared his story at the 2-day Mission of Mercy Health Equity Festival at the University of Maryland, where he waited 15 hours at the charity clinic to have a tooth pulled that had been troubling him for 2 years. Prior to the charity clinic, Ronald had been living with two choices: endure increasingly worse pain or go into debt to pay for dental care. A working man, Ronald had spent \$800—his entire life savings—to get a tooth fixed in 2012, but it continued to bother him. He recently paid a dentist for relief. The dentist suggested a more expensive procedure, but Ronald was unable to pay the high cost. So it was just a bandaid, he said. Now he is behind with his landlord and trying to catch up.

Ronald talked, however, with great pride about his 9-year-old soccer-playing daughter, who waves away candy

and drinks water instead of soda. "I didn't know about oral health when I was her age," he said. Like many other children in Maryland, Ronald's daughter has access to dental care through our State's Children's Health Insurance Program. She has coverage for pediatric dental, she learns about oral health in her school, and she is taking steps to make sure she has proper oral health. She has coverage if she needs to see a dentist.

Thanks to CHIP, we now have the highest number in history of children who are insured with medical and dental insurance. CHIP provides affordable, comprehensive health coverage to more than 8 million children from working families—people who earn too much to qualify for Medicaid but cannot afford private insurance. CHIP also provides funding for school-based health centers that are critical to providing dental services to at-risk children. I have visited these schools and have seen firsthand how effective they are in delivering dental care to our children. However, if Congress does not act to reauthorize funding for CHIP before September 30, the program's funding will run out and millions of children will again be at risk.

I am very proud that my State of Maryland has been recognized as a national leader in pediatric dental health. In the 2010 Pew Center report on the state of children's dental health, Maryland earned an A and was the only State to meet seven of the eight policy benchmarks for addressing children's dental health needs.

In addition, in the Maryland Health Benefit Exchange, every plan except one includes pediatric dental coverage as part of the comprehensive medical plan, so families don't have to pay a separate premium for pediatric dental coverage and they don't have an additional out-of-pocket cost.

In the Affordable Care Act, we included pediatric dental as part of the essential benefits; therefore, every family now has access to affordable pediatric coverage. That is primarily offered to most of the people in our State through a universal policy, meaning that they don't have to pay a separate premium or copayment.

Dental diseases are chronic, progressive, and destructive over time. Yet too often oral health care is overlooked or ignored. We have made great progress, but there are still millions of children in our country without dental care. We must continue to work to ensure that all Americans have access to both medical and dental care, as no citizen of our country should ever have to choose between going into debt and receiving proper health care.

The health care system was not there for Ronald, but thanks to CHIP and the Affordable Care Act, it has the potential to help his daughter stay healthy for years to come.

Let's pledge to do more for our children, starting with a reauthorization of